

U.S. PATENT APPLICATION ATTORNEY DOCKET: 07589.0127.PCUS00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: WAHLSTRÖM, Gert-Ove et al.

Serial No.: 10/604,848

Confirmation No.: 1847

Filed: 08/21/2003

P.O. Box 1450

For: APPARATUS FOR DAMPING RESONANCE IN A CONDUIT

Commissioner for Patents

Alexandria, VA 22313-1450

Group Art Unit: 2837

Examiner: SAN MARTIN, E.

Atty. Dkt. No.: 07589.0127.PCUS00

RESPONSE TO NON-FINAL OFFICE ACTION

INTRODUCTORY COMMENTS:

The following amendments and remarks are provided in response to the Non-Final Office Action dated April 22, 2004.

11/16/2004 CPARIS

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88.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD Effective (1, 2004)

Application or Docket Number

10/604848

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS							Γ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	395,00	OR	BASIC FEE	790.00
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=-	. A.F.
INDEPENDENT CLAIMS			minus 3 =		*			X44=		OR	×38 =	
MULTIPLE DEPENDENT CLAIM PR			RESENT				-	+150=		OR	1300=	
* If the difference in column 1 is less than zer					"0" in c	olumn 2	L	TOTAL	·	OR	TOTAL	
11	Line, C	LAIMS AS A (Column 1)	MENDED - PART II (Column 2).			(Column 3)		SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 17	Minus	** 0	0	=		X\$ 9=	·. :	OR	X\$18=	-
	Independent	* 4	Minus	***	3	= (XV	XYY=		OR	X\$33≃	\$28
<u></u>	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENI	CLAIM			+150=		OR	+340=	
							L A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
	<u>.</u>	(Column 1)		(Colur	mn 2)	(Column 3)		3		· 4.	***	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE:
	Total	*	Minus	**		=		X\$ 9= .		OR	X\$18=	
	Independent	*	Minus	***	- CL A414	=		X44=		OR.	XSS=	
	PINST PHESE	NTATION OF MU	JENPLE DEP	ENDENI	CLAIM			+150=		OR	1 340=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)		:				4.1
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$.18=	
	Independent	*	Minus	***		=		×44=		OR	×38+	
	FIRST PRESE	JLTIPLE DEPENDENT		T CLAIM		-			Un		 	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. 								+150=		OR	+890=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												